

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041985

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 218DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u>		c. CITY OR TOWN <u>Smithville</u>	
Length of stay in lb <u>2 1/2 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithville Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 20 K.C. 65</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Donald</u> Last <u>Bowman</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>5</u> , Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/16/1893</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mens Furnishings</u>	
11. BIRTHPLACE (City and state or country) <u>Plattsburg, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Phillip V. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Ditmars</u>	
14. NAME OF HUSBAND OR WIFE <u>Leota M. Bowman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT Address <u>Mrs. Fred Woods, Smithville, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Decompensation</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Throstaticin</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>2 hrs</u> <u>2 yr</u>
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> s.m. <u>4</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1961</u> to <u>12-5-62</u> and last saw him alive on <u>12-5-62</u> . Death occurred at <u>4:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>David B. Childs M.D.</u> (Degree or title)		22b. ADDRESS <u>Smithville, MO</u>	
22c. DATE SIGNED <u>12-6-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 7/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Excelsior Springs, MO.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Hope Funerl Home, Ex. Spgs. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hoyle

Licensed Embalmer No. 3950

P. O. Address Greensboro Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.